

Cost Participation

How Do I Enter or Update a Monthly Fee Determination

Use this exercise to enter, update, or view a household's monthly fee determination (MFD).

Complete the following steps to finish this exercise:

1. On the [Child List](#) page, click the  icon in the **Detail** column for a specific child record. The [Child Detail](#) page displays.


Child Detail		Enrollment		Family Members		Health Plans		Social History		EI Status	
Last Name *	Orange	MI		First Name *	Child			Gender *	Female		
AKA Name											
Date of Birth *	01/01/2006	<input checked="" type="checkbox"/> Chronological Age	2 Month(s) / 16 Day(s)		Adjusted Age						
Child ID	390010841	Child Status	Active	MO State ID							
Previous ID		<input type="checkbox"/> Duplicate Child	Duplicate Of								
Parental Consent Obtained for Eval/Assessment				Yes	Date	01/15/2006					
Race *	White (Not Hispanic)			Language	Spanish						
Ethnicity				Interpreter Needed?	No						
Early Intervention Status											
Referral Date	01/15/2006	Eligibility Determination Date	45-Day Timer		61 Day(s)						
IFSP Date		Annual Review Due	6 Month Review Due								
Service Coordinator	Smith, Jr, Howard				Phone	314-989-7940					
Intake Coordinator	Baker, Eileen				Phone	314-989-7940					
Primary Contact											
Name	Orange, Mother				Relationship	Mother					
Phone	816-999-8888				Email						
Medicaid											
Medicaid Eligible	No				MC+ Eligible	No					
Consent	Consent Declined										
Service Coordination		Transfer History		Reset		Back		Save			

2. Click the **Cost Participation** tab. The [Monthly Fee Determination](#) page displays.

Child	Health	Domains	Eligibility	Cost Participation	Team Meetings	IFSP	Notes
<div>Monthly Fee Determination</div> <div>A/R Account Account Notes List Suspend Service</div>							
Fee Review Date * <input type="text"/> Reason * <input type="text"/> Other Description <input type="text"/>				Monthly Fee Determination Info Draft			
Household Income Head Of Household * Fourteen, Theresa 114 Phyllisaire Ct. SAINT CHARLES, MO 63301 Household Count * 2 Foster Parents * No Update Family Members <input type="radio"/> Total AGI \$ <input type="text"/> Format: ###.## Income Verified By <input type="checkbox"/> Tax Form <input type="checkbox"/> Payroll <input type="checkbox"/> Other <input type="radio"/> Family Declined Financial Info % of Poverty <input type="text"/> Other Description <input type="text"/>							
Insurance Insurance Consent No Health Plans on file Add Health Plan <input type="radio"/> Family Not Insured (NA) <input type="radio"/> Family Declines Insurance (OR) Information Deselect Options				Medicaid A Medicaid record is needed			
Fee Adjustments Social Security Income (SSI) * <input type="radio"/> Yes <input type="radio"/> No Food Stamp * <input type="radio"/> Yes <input type="radio"/> No Hardship Determination <input type="text"/>				Overpayments to FirstSteps Overpayments * <input type="text"/>			
Calculated Fee Program Calculated Fee \$ <input type="text"/> Calculate Fee				<input type="checkbox"/> Override Calculated Fee <input type="checkbox"/> Family Provided False Information Description <input type="text"/> Override Amount \$ <input type="text"/> Fee Override Reason <input type="text"/> Fee Override Amount \$ <input type="text"/>			
Clear Form Save(Draft)							

3. Complete the following information under **Fee Review** as necessary:

- In **Date**, enter or select the date on which the meeting with the family took place and the financial information for the monthly fee determination was provided by the family. The date entered must be less than or equal to today's date. The date entered cannot be prior to the referral date. The date entered cannot be equal to or less than the previous review date.
- In **Fee Review Reason**, select the reason for the fee review. When **Other** is selected, entry is also required in **Other Description**.
- In **Other Description**, enter a brief description of the reason for the fee review. This is required information whenever the **Other** option is selected in the **Fee Review Reason** drop-down list.


 **Tip:** The Annual review must be marked as the reason and held within 31 days prior to the Annual IFSP meeting date to be counted. The Annual IFSP meeting edits will require either the Initial Fee review and/or an annual review was performed to finalize the meeting. The record must be marked as an Annual review and has been held within the last 31 days as of the meeting date to get counted as complete.

4. In Monthly Fee Determination Info displays “Draft” until a record is confirmed. After a record is confirmed the following information displays the Fee amount to be charged to the A/R account, the determination period, and the date of the next Annual Fee Review is due. The Determination period start date (confirmed date) is used by the system for statement generation. The end date is blank until a new Monthly Determination record is created or unless the enrollment for the last active child record in the household is ended. The Annual Review Due date is determined on the free review date that has a review reason of Initial or Annual. If a child is returning to the program and a previous MFD record exists, a new fee review must be entered.

5. Complete the following information under **Household Income**:


- **Head of Household** displays the name and address information of the child's current head of household. This information is read-only and cannot be changed.
- In **Household Count**, displays the number of active members in the household. User may change the count displayed. The number entered must be equal to or greater than 2 (head of household and child).
- **Foster Parents** indicates whether any currently active members of the household have the role of Foster. If a currently active member of the household is a foster, that member's name is also displayed. When available, you can click the **Update Family Members** link to display the Family Members List page to update family member information as necessary.
- In **Total AGI**, enter the adjusted gross income for the household. The value entered must be greater than \$0.00. When a value is entered, at least one of the **Income Verified By** check boxes must be selected.
- **% of Poverty** displays the household's calculated percentage of poverty based on federal poverty guidelines, the **Total AGI**, and the **Household Count**. This information is read-only and cannot be changed.
- In **Income Verified By**, select one or more of the following check boxes as necessary (the selection of at least one check box is required information if the **Total AGI** is entered):
 - Select **Tax Form** to indicate that the income was verified by a tax form.
 - Select **Payroll** to indicate that the income was verified by a pay stub.

- Select **Other** to indicate that the income was verified by another method. When this check box is selected, an entry is required in **Other Description**.
- Select **Family Declined Financial Info** to indicate that the family declined to provide financial information.

 **Note:** The **Head of Household** must be displayed to calculate a fee. At least one income option must be entered (**Total AGI**) or selected (**Family Declined Financial Info**) under **Household Income** to calculate a fee.


6. Under **Insurance**, view information in the following columns of the **Insurance Consent** table for each active insurance carrier associated with the household:

- **Edit** provides a link to the health insurance carrier's detail page.
- **Carrier Name** displays the name of the insurance carrier.
- **Status** displays the current consent status for the insurance carrier.

 **Note:** If no health plans currently exist for the household, **No Health Plans Listed** is displayed instead of the **Insurance Consent** table.


7. If no health plans currently exist for the household, select one of the following radio buttons under **Insurance**:

- Select **Family Not Insured** to indicate that the family is currently not insured under any health plan.
- Select **Family Declines Insurance Information** to indicate that the family declined to provide health plan information.

 **Note:** You can click the **Deselect Options** link to clear the **Family Not Insured** or the **Family Declines Insurance Information** radio button selections. At least one health plan must be displayed or one of the options must be selected under **Insurance** to calculate a fee.

8. Under **Medicaid**, view information in the **Medicaid Consent** table for each child within the household:

- **Child Name** displays the name of the child.
- **Enrolled** displays the child's current Medicaid enrollment status
- **Status** displays the current consent status for the child's Medicaid record.

 **Note:** If no Medicaid enrollments currently exist for the household, **Medicaid Record Needed** is displayed instead of the **Medicaid Consent** table. At least one active Medicaid record must be displayed to calculate a fee.


9. Complete the following information under **Fee Adjustments**:

- In **Social Security Income (SSI)**, select whether the current household receives Social Security income.
- In **Food Stamps**, select whether the current household receives food stamps.
- In **Hardship Determination**, select If applicable, a financial hardship option. If a financial hardship does not exist, do not make a selection.

10. Under **Overpayments to First Steps**, select the option indicating whether the family chooses to donate overpayments or to refund overpayments for credit balances on the family's account.

10. View the following information under **Calculated Fee**:

- Click **Calculate Fee** to calculate the fee determination information for the current household based on the information on this page.
- **Program Calculated Fee** displays the calculated fee determination for the current household based on the information on this page.
- The **Fee Basis** table displays the fee basis reason(s) used by the application to calculate the fee determination for the current household. More than one Fee Basis Reason(s) can be displayed in the table.

 **Note:** The **Program Calculated Fee** and the **Fee Basis Reasons** are not displayed until after the **Calculate Fee** button is clicked. After the **Calculate Fee** button is clicked, any changes or modifications made to the information on the page changes the fee to \$0.00. The **Calculate Fee** button must be clicked each time a change is made to the record. You can click the **Calculate Fee** button as many times as necessary until the fee record is confirmed.

11. To override a calculated fee, select the **Override Calculated Fee** check box and complete the following information:

- If the family provided information that was false, select the **Family Provided False Information** check box and complete the following information:
 - In **Description**, enter a brief description of the information that was falsified.
 - In **Override Amount**, enter the total amount of the override. The value entered must be greater than \$0.00.
- The Calculated Fee can be overridden by entering the following information:
 - In **Fee Description**, enter a brief description of the fee override.

- In **Fee Override Amount**, enter the total amount of the fee override. The value entered must be greater than \$0.00.

12. Click the following button(s) as necessary:

- Click **Print** to print the details of the current MFD on your printer.
- Click **History** to view the MFD history for the household. The [MFD History](#) page displays.
- Click **Save (Draft)** to save the current MFD information as a draft. This button is only available when an unconfirmed MFD is displayed.
- Click **Clear Form** to clear any data entered and display the default information for the page.
- Click **View Previous** to view a previously confirmed MFD for the household. This button is only available when an unconfirmed MFD is displayed and a previously confirmed MFD is on record for the household.
- Click **Edit** to edit the MFD. This button is only available when a confirmed MFD is displayed.
- Click **Confirm Fee** to return to the previous page. This button is only available when an unconfirmed MFD that has already been saved as a draft is displayed, the calculate fee process has been performed, and no changes have been made since the calculate fee process was performed.

13. The Fee Basis list and fees in Priority order:

1	False Family Information	override amount
2	SC Override	override amount
3	Medicaid Enrolled	0
4	Foster Family	0
5	Family Declined Insurance/Financial Info	max
6	Insurance Consent Declined	max
7	AGI < 200% Federal Poverty Level	0
8	SSI	0
9	Food Stamps	0
10	Medicaid Consent Declined	calculate
11	Hardship	0, 5, or calculate
12	Adjusted Gross Income	calculate

The applicable fee basis with the highest Priority on the list (lowest number) is the primary fee basis

Two examples:

A household is a Foster Family (4), Declined Insurance Consent (6), and is on Food Stamps (9). Based solely on the highest Priority among these applicable Fee Bases (4), the fee is set to 0.

Another household Declined Medicaid Consent (10) and has had a Hardship declared that would set the fee at \$5 (11). Instead, the fee is set to \$100, because of the highest priority Fee Basis (10).

How Do I Print the Details of a Monthly Fee Determination

Use this exercise to print the details of a monthly fee determination (MFD) for a household.

Complete the following steps to finish this exercise:

1. On the [Child List](#) page, click the  icon in the **Detail** column for a specific child record. The [Child Detail](#) page displays.

Child Detail		Enrollment		Family Members		Health Plans		Social History		EI Status			
Last Name *	Orange	MI		First Name *	Child			Gender *	Female				
AKA Name													
Date of Birth *	01/01/2006	Chronological Age	2 Month(s) / 16 Day(s)	Adjusted Age									
Child ID	390010841	Child Status	Active	MO State ID									
Previous ID		<input type="checkbox"/> Duplicate Child		Duplicate Of									
Parental Consent Obtained for Eval/Assessment				Yes	Date	01/15/2006							
Race *	White (Not Hispanic)			Language	Spanish								
Ethnicity				Interpreter Needed?	No								
Early Intervention Status													
Referral Date	01/15/2006	Eligibility Determination Date		45-Day Timer	61 Day(s)								
IFSP Date		Annual Review Due		6 Month Review Due									
Service Coordinator	Smith, Jr, Howard	Phone	314-989-7940										
Intake Coordinator	Baker, Eileen	Phone	314-989-7940										
Primary Contact													
Name	Orange, Mother	Relationship	Mother										
Phone	816-999-8888	Email											
Medicaid													
Medicaid Eligible	No	MC+ Eligible	No										
Consent	Consent Declined												
Service Coordination				Transfer History				Reset				Back	Save

2. Click the **Cost Participation** tab. The [Monthly Fee Determination](#) page displays.

Child	Health	Domains	Eligibility	Cost Participation	Team Meetings	IFSP	Notes														
<div>Monthly Fee Determination</div> <div>A/R Account Account Notes List Suspend Service</div>																					
Fee Review Date * <input type="text"/> Reason * <input type="text"/> Other Description <input type="text"/>				Monthly Fee Determination Info Draft																	
Household Income Head Of Household * Fourteen, Theresa 114 Phyllisaire Ct. SAINT CHARLES, MO 63301				Household Count * 2 Foster Parents * No Update Family Members																	
<input type="radio"/> Total AGI \$ <input type="text"/> Format: ###.## Income Verified By <input type="checkbox"/> Tax Form <input type="checkbox"/> Payroll <input type="checkbox"/> Other <input type="radio"/> Family Declined Financial Info				% of Poverty <input type="text"/> Other Description <input type="text"/>																	
Insurance <table border="1"> <thead> <tr> <th>Edit</th> <th>Carrier Name</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td></td> <td>Alliance Blue Cross/ Blue Shield of Missouri</td> <td>Approved</td> </tr> </tbody> </table> <input type="radio"/> Family Not Insured (NA) <input type="radio"/> Family Declines Insurance (OR) Information Deselect Options				Edit	Carrier Name	Status		Alliance Blue Cross/ Blue Shield of Missouri	Approved	Medicaid <table border="1"> <thead> <tr> <th>Edit</th> <th>Child Name</th> <th>Enrolled</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td></td> <td>Aces, Child</td> <td>Yes</td> <td>Approved</td> </tr> </tbody> </table>				Edit	Child Name	Enrolled	Status		Aces, Child	Yes	Approved
Edit	Carrier Name	Status																			
	Alliance Blue Cross/ Blue Shield of Missouri	Approved																			
Edit	Child Name	Enrolled	Status																		
	Aces, Child	Yes	Approved																		
Fee Adjustments Social Security Income(SSI) * <input type="radio"/> Yes <input type="radio"/> No Food Stamp * <input type="radio"/> Yes <input type="radio"/> No Hardship Determination <input type="text"/>				Overpayments to FirstSteps Overpayments * <input type="text"/>																	
Calculated Fee Program Calculated Fee \$0 Calculate Fee				<input type="checkbox"/> Override Calculated Fee <input type="checkbox"/> Family Provided False Information Description <input type="text"/> Override Amount \$ <input type="text"/> Fee Override Reason <input type="text"/> Fee Override Amount \$ <input type="text"/>																	
Print				Confirm Fee Save(Draft)																	

- Click **Print**. A page containing the printer-friendly version of the Monthly Fee Determination record is displayed. Use your browser's print function to print the page as necessary.

Note: Depending on your browser, the steps required to print a web page may differ. Please refer to your browser's online help system for the printing options that are specific to your browser.

View the Monthly Fee Determination History for a Household

Use this exercise to view a household's monthly fee determination (MFD) history.

Complete the following steps to finish this exercise:

1. On the [Child List](#) page, click the  icon in the **Detail** column for a specific child record. The [Child Detail](#) page displays.

Child Detail		Enrollment		Family Members		Health Plans		Social History		EI Status	
Last Name *	Orange	MI		First Name *	Child	Gender *	Female				
AKA Name											
Date of Birth *	01/01/2006	Chronological Age	2 Month(s) / 16 Day(s)	Adjusted Age							
Child ID	390010841	Child Status	Active	MO State ID							
Previous ID		<input type="checkbox"/> Duplicate Child		Duplicate Of							
Parental Consent Obtained for Eval/Assessment				Yes	Date	01/15/2006					
Race *	White (Not Hispanic)	Language	Spanish								
Ethnicity		Interpreter Needed?	No								
Early Intervention Status											
Referral Date	01/15/2006	Eligibility Determination Date	45-Day Timer	61 Day(s)							
IFSP Date		Annual Review Due	6 Month Review Due								
Service Coordinator	Smith, Jr, Howard	Phone	314-989-7940								
Intake Coordinator	Baker, Eileen	Phone	314-989-7940								
Primary Contact											
Name	Orange, Mother	Relationship	Mother								
Phone	816-999-8888	Email									
Medicaid											
Medicaid Eligible	No	MC+ Eligible	No								
Consent	Consent Declined										
Service Coordination		Transfer History		Reset		Back		Save			

2. Click the **Cost Participation** tab. The [Monthly Fee Determination](#) page displays.

Cost Participation

[Child](#) [Health](#) [Domains](#) [Eligibility](#) **Cost Participation** [Team Meetings](#) [IFSP](#) [Notes](#)

[Monthly Fee Determination](#) [A/R Account](#) [Account Notes List](#) [Suspend Service](#)

Fee Review
 Date *
 Reason *
 Other Description

Monthly Fee Determination Info
 Draft

Household Income
 Head Of Household * Fourteen, Theresa
 114 Phyllisaire Ct. SAINT CHARLES, MO 63301
 Household Count * 2
 Foster Parents * No [Update Family Members](#)

☐ Total AGI \$ Format: ###.##
 Income Verified By ☐ Tax Form ☐ Payroll ☐ Other
☐ Family Declined Financial Info

Insurance
 Insurance Consent No Health Plans on file [Add Health Plan](#)
☐ Family Not Insured (NA) ☐ Family Declines Insurance
 (OR) Information [Deselect Options](#)

Medicaid
 A Medicaid record is needed

Fee Adjustments
 Social Security Income (SSI) * ☐ Yes ☐ No
 Food Stamp * ☐ Yes ☐ No
 Hardship Determination



Overpayments to FirstSteps
 Overpayments *

Calculated Fee
 Program Calculated Fee \$ [Calculate Fee](#)

☐ Override Calculated Fee
☐ Family Provided False Information
 Description
 Override Amount \$
 Fee Override Reason
 Fee Override Amount \$

[Clear Form](#) [Save\(Draft\)](#)

- Click **History**. The [MFD History](#) page displays.

Home	Child Care Management	Provider Account Management	User Options	Help	Logoff	Site Map
Monthly Fee Determination List						
Detail	Confirmation Date	Review Reason	Monthly Fee	▼ Determination Period		
	06/29/2006	Family Request	\$0.00	06/29/2006 -		
	06/28/2006	Initial	\$5.00	06/28/2006 - 06/28/2006		
1						
2 records						
Close						

- View a list of the household's confirmed Monthly Fee Determination period and the monthly fee for each period on the **Monthly Fee Determination List** table. Selecting the detail link for a particular determination period will display the Monthly Fee Determination record for that period.